

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece.

****RESTRICTED DELIVERY****

Dr. Samuel Englehardt
 c/o the Health Care Unit
 Julia Tutwiler Prison for Women
 8966 Highway 231
 Wetumpka, AL 36092

****RESTRICTED DELIVERY****

2:06cv172 (order #14, order #5, complaint)

2: Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Wanda Griffith☐ Addressee

B. Received by (Printed Name)

Wanda Griffith

C. Date of Delivery

5-26-06Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

*CANNOT
 RESTRICT TO
 THE PRISON*

Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

Restricted Delivery? (Extra Fee)

☒ Yes

7005 1160 0001 2962 4196

Domestic Return Receipt

102595-02-M-1540